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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 7590 03/07/2007 Certificate of Mailing I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. **Docket Administrator** Lucent Technologies Inc. Room 3J-219 101 Crawfords Corner Road (Depositor's name) Holmdel, NJ 07733-3030 (Signature) (Date APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/620,987 07/16/2003 4-2 8825 Angeliki Alexiou TITLE OF INVENTION: METHOD AND APPARATUS FOR TRANSMITTING SIGNALS IN A MULTI-ANTENNA MOBILE COMMUNICATIONS SYSTEM THAT COMPENSATES FOR CHANNEL VARIATIONS APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 06/07/2007 06/01/2007 HNGUYEN2 00000043 122325 10620987 **EXAMINER** ART UNIT CLASS-SUBCLASS 01 FC:1501 1400.00 DA TRAN, KHANH C 2611 375-267000 02 FC:1504 300.00 DA 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE LUCENT TECHNOLOGIES INC. (B) RESIDENCE: (CITY and STATE OR COUNTRY) MURRAY HILL, NJ 07974 STATE OF DELAWARE Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual **A**Corporation or other private group entity ☐ Government The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. 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